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one aspect of their presumed "familiarity with learning," if we may call it that, they gained a reputation as exorcists and curers. Today some among the couple of thousand Kaṇakkas still practise these crafts, although they no longer hold a monopoly among the Badagas. (My chief medical informant, K. Sithamma, was born in a Kaṇakka family in 1891.)

1.6. During the seventeenth to nineteenth centuries the Badaga community increased from a reported three villages in 1603 to nearly 370 villages a century ago. This expansion, marking the second phase, encompassed some developments of importance to the history of Badaga therapy. The community was faced with the problem of adapting to a new geographic and social environment, and clearly succeeded in doing so. We may presume that natural selection helped the population build up a genetic resistance to whatever montane illnesses had not previously affected the people when they were living in Mysore; and that some lowland disease organisms were no longer able to survive at the new elevation, either because it was too high and cold for their animal hosts, or else because the hosts among the scattered and tiny human population died off without transferring these organisms to new hosts, or more probably because when the density of population was very low infection by particular diseases summoned forth antibodies or other disease-resistant aptitudes, which protected their descendants from any further infection by those diseases. As the settlements expanded the increasing numbers of people permitted greater transference of disease organisms and called for greater amounts of health care; but at the same time these settlements, located in most parts of the Nilgiri Massif within a zone that lay between 4000 and 7300 feet of elevation, gave people opportunities to select the more healthy residential sites, to explore the micro-environmental differences in the area, and most importantly to discover medicinal uses for dozens of new species of plants that were in many instances confined to the Massif (see Trilingual Index). We may presume that the pharmacological uses of local plants were discovered by Badaga women who worked as goatherds and men working as cowherds, by closely observing the feeding habits of their animals. Geza Roheim has made a similar observation on the control that Australian Aboriginal women have over the medicinal use of plants which they are responsible for gathering. While it is true that Badagas did not keep

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goats recently, they did so during the seventeenth century and even later (Finicio 1603: 723; Birch 1838:103).

1.7. After contact with the British a new adjustment with their changed environment was achieved by the Badagas, and their population was able to increase rapidly for several decades while there was still a very low density of population. One relevant factor, I would hypothesize, was that a change in their drinking habits followed the arrival of the British (from 1819 onward), and that this was associated with greater resistance to bacteria in the drinking water. The main drinks of the community at the time were fresh milk and stream water: "...at midday, or towards evening, parties of them are often to be seen seated on the bank of some brook or rill, partaking of their simple fare, which generally consists of barley or other meal, mixed up with some of the pure element that is gurgling past them, a little salt, and a little chilly" (Harkness 1832: 111; so also Young 1827: 42, Birch 1838:103, and Dulles 1835: 465-66). Two British officials, one a surgeon, make it clear that until the 1830s the Badagas had no alcohol, and "drunkenness is unknown here" (Macpherson 1820: lix; Ainslie 1834: 36). But the surgeon had already in 1829 recorded that he had "tasted very tolerable specimens of beer which had been brewed on these hills from malt of Native Manufacture" (Price 1908: 218). Within another two decades a staggering change had come about:

> Lord Tweeddale...in 1847,...stated that he had never anywhere seen such widespread and continuous drunkenness amongst low-class natives as prevailed there [the Nilgiri town of Ootacamund], not only in the case of those resident, but also in that of peons, followers, and servants, brought up from Madras and other places. The drink at this time available was...arrack, which ...was not very expensive. (Price 1908: 51)

This drunkenness was more of an urban than a rural phenomenon, although some Badagas did go to the town to indulge themselves. Meanwhile, at the same time that beer and arrack were becoming available, so were tea and coffee. These hot drinks were generally preferred by the Badagas to stream water, because of the cool climate, even though they had a religious tabu against heating milk (Vivekanandam Pillai 1937: 247). In this latter regard, I was told that if one keeps milk in a warm place it will "boil up" of its own accord

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also contributed to a reduction in the spread of viruses, particularly as the cattle are generally kept away from these courtyards fronting the houses.

The ecological significance of these various beliefs and practices is that as the Nilgiri population increased in the nineteenth century and some village streams began to be polluted by this new pressure, the Badagas managed to avoid some contamination by switching from drinking stream water and fresh milk to tea, coffee and sometimes alcohol, all of which would be relatively free of bacterial organisms. The new balance with the environment that this change brought about was certainly one factor in the remarkable increase in the Badaga population ever since the advent of the British (Diagram 1).

At the same time that this change in drinking habits was occurring their eating habits were undergoing an equally radical transformation. In part this was due to the several dozen types of fruit, grain and vegetable introduced from Europe by British settlers and adopted by most Badagas (2.1, Table 2; Hockings 1973: 867). The variety of their diet was thus greatly improved. Also the earlier habit of eating a midday meal, often in open air (Harkness 1832: 111), tended to cease as more and more Badaga adults began working for an hourly or daily wage on the plantations and construction projects initiated by the British, and as increasing numbers of children spent the day in school. In the later nineteenth and early twentieth centuries it thus became usual for Badagas to consume only two meals a day, generally in their own homes, one at sunrise and the other in the evening. The importance of this practice from a hygienic viewpoint was that, because flies are normally active only during daytime, "eating at night or in the early morning may protect food from fly-borne contamination" (Alland 1970: 59). Any change of diet or of custom that tended to reduce the human intake of bacterial organisms was reflected in the greatly increased life expectancy during the past century and a half.

1.8. By the later nineteenth and the twentieth centuries successful exploration of the botanical realm and this steadily increasing Badaga population had, through a process of interaction and by individual experiments, observations of animal browsing, or other acts of discovery about which we can know nothing, developed the third phase in their medical history — the full-fledged therapeutic system described in this book. As an increasingly heavy work-load was